Carrico. 4:30 [illegible]

Bowron gone 1965 / Mrs Doris Nelson, Emerg dept nurse in charge.
Move collar + definitely on right side

Ca - saw no wound in left shoulder at all. Clothes cut off + folded. He did not watch nurses doing his undressing etc.
No large wound in back. Ran hands down both sides S.O.P.
Shirt could have been cut when tie cut off. Practice to cut clothes as fast as possible.

McC "total mistake on my part" Doesn't know why spoke of it [illegible] "I don't know that it wasn't used. I don't know that it was." "I presume it was a wrong assumption" over 10:25

Perry
Bruise could just have been from tracheostomy
Pt. called lung wound when asked because he thought an arterial injury. The location indicated proximity. Wound very small & need not have been whole bullet

[illegible]
Chest incisions ~~not~~ made to ~~a~~ closed chest tomy intake of fluids not substances in physician's
~~B~~ Bruised + [illegible] around edges mixed with blade scalpel
[illegible] within 15 sec. [illegible]

Don't type these [illegible]

Interviews with Doctors at SWU School of Medicine 12/1/71, 9-12 a.m.

Perry - He was friendly [illegible] more emphasized a lot a few things that [illegible] tried to avoid. The most important of these is his repeated statement that when he first saw the wound in the anterior neck he asked a nurse he named for a "trache tray" (Bowron), took a quick look at the wound, wiped it off and started cutting. He said both times that the edges were pressed "as they always are". When I asked if he had ever been asked about this significant fact, he blushed and tried to explain that there was blood around the edges. I didn't press, for what he had said is clear — and if blood had obliterated the edges to begin with, it did not after wiping.

He is a hunter, loves it as a form of exercise & because his family is fond of the meat, went deer & antelope hunting last week (got nothing, but his 11-year-old son had a bad shot at one), and is thoroughly familiar with the various kinds of ammo. He hand-loads his own. Discussed mushrooming bullet, controlled expansion, etc, and what happens on both on impact with accuracy and lethality.

He was called in on Connally ("by the boss") because this is an expert on (he confused me by saying "we" & I misunderstood, thinking he meant the institution) arterial injury. The reason is because the other doctors noted the proximity of the wound in the thigh to an artery. He thus saw and examined the wound with care. It was too small for a bullet. He described how flat the fragment was from the X-ray, and said it was not possible that a bullet had caused it and then backed out. He showed me with his fingers that the fragment was less than a half inch under the skin and that it had gone about 3-3 1/2" after penetration. No danger to artery so not removed, which he said is usual in such cases. He also said that it could have been there from childhood and not been remembered. I asked "without leaving a scar? And he said it was so small it need not have. As we talked about this 399 stuff he came to realize what he was ~~[illegible]~~ really saying, & I

2) no. → told him the police report also attributed that wound to a fragment.

He volunteered during this discussion that there was fragmentation in the wrist showing on the X-ray and nodded in agreement when I told him ~~to~~ Dr. Gregory & Shaw had testified there was more fragmentation in the wrist than could be accounted as missing from 399.

The bruise on the ~~lung &~~ pleura could not have been caused by the [illegible]. He volunteered several ~~out two~~ (not names) of the [illegible] doctors (Why, course did he asked that it be off the record.) Here he seemed to take it as a professional reflection on him. He said that they never cause such bruising in adults and have to be exceedingly careful to avoid it with children. He said he had wondered if it had been caused by a fragment or the force of fragmentation.

He said the autopsy is wrong in attributing the chest incisions to subcutaneous emphysema. He used both hands and gestured to each breast. He asked that this be done and the reason was for a "closed thoracostomy"

Says transcript his 11/22 remarks shows he was [illegible] but he admits that Humes did understand him to have described this as an entrance wound. He still says he did not know which.

Admits they were shown [illegible] but doesn't recall whether by FBI or SS, before testimony.

We had a long and frank discussion during which I told him some of the new things I had discovered, I invited him to come and see what I now have, told him what the [illegible] report & the [illegible] show - all in confidence - and he repeated what he had said ~~earlier~~ earlier, that if government would do such a thing, he was "terrified." I told him "You should be terrified."

On the neck wound, I described the pattern of

5 WO)

fine fragmentation in the right front and he agreed it would not have been from a military round. At first he tried to argue that it could have been from a controlled-expansion round, I point out the WR depends on a full jacket military round & read the purposes of the Geneva Convention & the design. He agreed, & he agreed this would be the end of the WR. He also said it was inconsistent with what he would expect from a varminting ~~th~~ round and then described the explosion of one recently when he had shot a prairie dog. He seemed to be saying that the explosion of the head would have been caused by ~~an~~ an exiting explosion, but this is not explicit.

He described Dr Rose as "abrasive" & "somewhat abrasive" but an excellent forensic pathologist. When I tried to justify Rose's indignation & conduct 11/22/63 he agreed that Rose had cause for his ~~[illegible]~~ feelings but he also made clear that Rose was ~~al~~ always abrasive. He also agreed, as did all these doctors, that had Rose performed the autopsy, the lingering questions would not now exist.

12/1/71 McClelland in his office, D614-1 just before operation at Presbyterian Hospital (across hall from Perry)

When I asked him about statement he remembered it well and began by saying "it was a total mistake on my part." We discussed this for a while. He said that "Pepper" Jenkins had called the spot to his attention. I pointed out that it was his function to answer, not ask questions, that the asking was Specter's job, and that when he had said there was a wound on the left temple, Specter should have set the record straight. I also pointed out that Specter had asked him if he had said anything he would like to change and he had not changed this. He was without explanation of the question or his failure to change it a "total mistake." He then shifted to this position: "I don't know ~~that~~ that it wasn't and I don't know that it was," from which I shifted to "I presume it was a wrong assumption." He volunteered at some length about Garrison's men, describing Garrison as a psychopath, and seem proud that he had talked them out of calling him as a witness. When I asked him if he or anyone else had wiped the spot, presumably of blood, away, he said "no", and when I pointed out that in his own sworn testimony (6 H 48) Jenkins had testified to the existence of this left temple wound, he had no explanation. McC was quite bitter about Garrison and Lane, but he was without complaint about Specter and the Warren Commission, who built & preserved an inaccurate record of this seeming situation That is not a situation is to be criticized. He seemed also to be unaware of this strange juxtaposition in which he was not critical of those he in effect now says caused the error but is quite critical of those who quote the record accurately

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12/1/71 Dr Chas Carrico now associate prof in surgery, Rm 708

Met Gregloss in Navy. Was at autopsy conf.

Bowron gone since 1965-6. For Hinchcliffe see Doris Nelson, emergency room chief nurse.

Wound above collar and definitely in right side. He saw only with body prone

Saw no wound left temple

Clothes cut off by nurses while he did his own emergency work, which precluded watching them. Folded back. Usual to cut off & unbutton collar & top shirt - speed essential. Usual to cut tie a single thickness and pull out, not to cut through knot. Thinks likely when I described nick in knot & slits in ~~shirt~~ shirt front that slits made when cutting tie

Ran hands down both sides of back, SOP to be sure no large wound in back

Purpose to cut ~~clothes~~ clothes for access as fast as possible

Kemp Clark still there but gone both times I stopped off at his office (7th floor)

Wright still chief security but out until 2 p.m. (Kiwanis, I think) office in Hospital, ground floor, 1.1., below what is 1 at main entrance.

Carrico again. I asked him if he recalled Dulles' questioning about location & he did as he had with Dulles, pointing with his forefinger to a spot a little above the collar. But he here did what he did not with Dulles, qualified by saying he saw the body prone only.

Each Dr. Affidavit
Pgs. 1 & 5 [illegible]